

STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

| I. Name of Lobbyis | t(s) Robert Clegg | Debra Vanderbeel | k, Periklis Karoutas, Leann M | loccia |
|---|--|---------------------------|--|---------------------------------|
| II. Name of lobbyis | t's partnership, fi | rm or corporation, i | fany: | |
| | islative Solutions, | | | |
| (N | ame of partnership, f | rm or corporation) | | |
| F | O. Box 10724 | Bedford | NH | 03110 |
| Business Address: (| Street) | (Town/City) | (State) | (Zip Code) |
| () 603-986-91 | 603-986-9145 () (Figure 1) | | _{e-mail} dbeek@ | Paol.com |
| (Telephone | | (F | Fax) | |
| | | | ports for each client, OR you le to any one client). | may file a separate report for |
| ☐ All reportable tra | insactions occurrin | g in the months prior | to the reporting date relative to | the following client: |
| | | or Solar Choice | | |
| ΛD | (Full Name of Cl | ient as it appears on the | Lobbyist Registration Form) | |
| OR ☐ All reportable tra unrelated to any part | | bbyist (including the | lobbyist's family), or the lobby | ing firm listed below which are |
| IV. Date of Report Reports cover: ac | April 26, 2017 ivity from date of reg | | July 26, 2017 activity from 4/1/17 to 6/30/ | |
| | October 25, 20 activity from 7/1/1 | | January 31, 2018 2 activity from 10/1/17 to 12/ | |
| | l, complete just this | | ble transactions made since the Secretary of State's Office | |
| VI. Check if addition | | | | |
| 🗶 If you have rece | ived fees or made e | xpenditures, you mus | st file Addendum A- Fees and | Expenses |
| ☐ If you have paid Expense Reimburser | | eimbursed expenses, | you must file Addendum B -1 | Report of Honorariums or |
| If you, your firn | n, or your family ha | s made political cont | ributions, you must file Adden | dum C– Political Contribution |
| Sworn Statement/A I have read RSA 15, and complete to the | RSA 15-B, RSA 1 | 4-C and RSA 664 and | d hereby swear or affirm that th | e foregoing information is true |
| (Signature of lobby | St) | | January 15, 2018 (I | Date) |
| Robert Clegg | · W | | | RECEIVED |
| (Print Name of lobb | yist) | | | JAN 17 2018 |

NEW HAMPSHIRE DEPARTMENT OF STATE

E A S E P \mathbf{R} T

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses

| io in the second | Addendum / | |
|--|--|---|
| • | Clegg, Debra Vanderbeek, Periklis Karout | as, Leann Moccia |
| • | ership, firm or corporation, if any: | |
| | slative Solutions, L.L.C. hip, firm or corporation) | ,,, |
| III. Name of Client The Alliand | ce for Solar Choice | Date January 15, 2018 |
| to lobbying, including fees for s | fees received from the client identified above ervices such as public advocacy, government legislation, and related legal work. The group | relations, or public relations services |
| a) Total of all fees received in th | nis reporting period | a) \$ 9000.00 |
| | calendar year, prior to this reporting period of all prior monthly reports for this calendar year. | b) \$ 27,000.00 ear) |
| c) Total of all fees received to d (Add lines a and b) | ate | c) \$ <u>36,000.00</u> |
| d) Indicate the amount of any so yet been paid | uch fees that are due, but have not | d) \$ <u>0</u> |
| fees. Separate reports are to be the lobbyist(s)/firm that are untexpenses are to be reported in during the reporting period for individual expenses where the elunch where the cost was \$25.00 being lobbied, purchase of a cere (c) an itemized statement of each any purpose not covered by (a) ceremonial object to be given to restaurant expenses for a legisla contributions will be reported on | ps, firms, or corporations are required to repfiled for expenditures made relative to each orelated to any one client a separate report one of three categories of expenses: (a) the salaries, benefits, support staff, and office expenditure was of \$25.00 or less (for example) or less, purchase of a pen with a value of lemonial object given to a person being lobbie individual expenditure made during this report (for example: purchase of a meal with value of the subject of lobbying with a value greater ative reception). Expenses for honorariums, separate addendums and should not be report | client and if expenditures are made by may be filed for the lobbyist(s)/firm. e aggregate total of all expenses paid expenses; (b) the aggregate total of all le: meals purchased during a business st than \$10 that is given to the person ed with a value of \$25.00 or less); and orting period of greater than \$25.00 for the of greater than \$25, purchase of a ter than \$25, but not greater than \$50, expense reimbursement, or political |
| | this reporting period for salaries, benefits, s, related directly or indirectly to lobbying. | a) \$ 9000.00 |

| | • | • | | • | • | , |
|---------------------------|-----------------------------|---------|------------------|-----------------|------------|----------------|
| b) Total agin a), of \$25 | gregate of expe or less. | enditur | es during this i | eporting peri | od , not r | b) \$ <u>0</u> |
| c) Total of | all itemized ex | penditi | ures reported in | n detail in sec | ction VI. | c) \$ <u>0</u> |

| d) Total expenses for this reporting period | d) \$ 9000.00 |
|--|------------------------------------|
| (Add lines a, b and c) | |
| e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report) | e) \$ 27,000.00 |
| f) Total of all expenses year to date | f) \$ <u>36,000.00</u> |
| VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from loperiod, including by whom paid or to whom charged. | obbying fees during this reporting |
| Paid to: | Amount: |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | |
| | |
| | |
| Sworn Statement/Affirmation by Lobbyist | |
| I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief. | n that the foregoing information |
| AMy 1 (lef | January 15, 2018 |
| (Signature of lobbyist) | (Date) |
| Robert Clegg | |
| (Print Name of lobbyist) | |

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

| Name of Lobbying partnership, firm, or cor | poration: Legislative Solutions | | | |
|--|---|--|--|--|
| Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): | | | | |
| Date of Report (check one): | | | | |
| April 26, 2017 □ July 26, 2017 □ | October 25, 2017 January 31, 2018 | | | |
| | , the Statement of Income and Expenses described above, and that Statement (insert the number of Addendum forms being | | | |
| Addendum A(s). | | | | |
| Addendum B(s). | | | | |
| Addendum C(s). | | | | |
| complete to the best of my knowledge and b | January 15, 2018 | | | |
| (Signature of lobbyist) | (Date) | | | |
| Debra Vanderbeek | | | | |
| (Print Name of lobbyist) | | | | |

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

| Name of Lobbying partnership, firm, or corporation: Legislative Solutions | | | | |
|---|------------------------|------------------------------|--|--|
| Name of Client (leave bl | ank if Statement is fo | or the partnership, firm, or | corporation and not related to any | |
| particular client): | | | | |
| Date of Report (check of | ne): | | | |
| April 26, 2017 □ | July 26, 2017 🗆 | October 25, 2017 □ | January 31, 2018 🗖 | |
| | | | nd Expenses described above, and umber of Addendum forms being | |
| Addendum A(s). | | | | |
| Addendum B(s). | | | | |
| Addendum C(s). | | | | |
| I hereby swear or affirm complete to the best of n | | lief. | nt and each Addendum is true and | |
| (Signature of labbriat) | 1 | Janu | (Date) | |
| (Signature of lobbyist) | | | (Date) | |
| Periklis Karoutas | | | | |
| (Print Name of Johnvist) | | | | |

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

| • | |
|--|--|
| Name of Lobbying partnership, firm, or corporate | tion: Legislative Solutions |
| Name of Client (leave blank if Statement is for t | he partnership, firm, or corporation and not related to any |
| particular client): | |
| Date of Report (check one): | |
| April 26, 2017 □ July 26, 2017 □ | October 25, 2017 January 31, 2018 |
| | Statement of Income and Expenses described above, and Statement (insert the number of Addendum forms being |
| Addendum A(s). | |
| Addendum B(s). | |
| Addendum C(s). | |
| I hereby swear or affirm that the foregoing inforcomplete to the best of my knowledge and belief | |
| reary 1 dilla | January 15, 2018 |
| (Signature of lobbyist) | (Date) |
| Leann Moccia | |
| | |
| (Print Name of lobbyist) | |